

| SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM | | | |
|--|--------------------------|-------------------------------------|----------------|
| <input type="checkbox"/> | UNCLASSIFIED | <input type="checkbox"/> | CONFIDENTIAL |
| <input type="checkbox"/> | | <input checked="" type="checkbox"/> | SECRET |
| CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP | | | |
| TO | NAME AND ADDRESS | INITIALS | DATE |
| 1 | James Q. Reber 305 Admin | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| <input type="checkbox"/> | ACTION | <input type="checkbox"/> | DIRECT REPLY |
| <input type="checkbox"/> | APPROVAL | <input type="checkbox"/> | DISPATCH |
| <input type="checkbox"/> | COMMENT | <input type="checkbox"/> | FILE |
| <input type="checkbox"/> | CONCURRENCE | <input type="checkbox"/> | INFORMATION |
| <input type="checkbox"/> | | <input type="checkbox"/> | PREPARE REPLY |
| <input type="checkbox"/> | | <input type="checkbox"/> | RECOMMENDATION |
| <input type="checkbox"/> | | <input type="checkbox"/> | RETURN |
| <input type="checkbox"/> | | <input type="checkbox"/> | SIGNATURE |
| Remarks: | | | |
| FOLD HERE TO RETURN TO SENDER | | | |
| FROM: NAME, ADDRESS AND PHONE NO. | | | DATE |
| D/Pers 2611 Curie | | | |
| <input type="checkbox"/> | UNCLASSIFIED | <input type="checkbox"/> | CONFIDENTIAL |
| <input type="checkbox"/> | | <input checked="" type="checkbox"/> | SECRET |